

# Inspection Report

24 May 2021



## Annadale

Type of Service: Nursing Home  
Address: 11 Annadale Avenue,  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> <b>Annadale Private Nursing Home LTD</b>	<b>Registered Manager:</b> Mrs Winnie Mashumba
<b>Responsible Individual:</b> Mr William Trevor Gage	<b>Date registered:</b> 21 October 2008
<b>Person in charge at the time of inspection:</b> Oana Ciser Nursing Sister	<b>Number of registered places:</b> 38
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 36
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 38 persons. Patient bedrooms are located over two floors. Patients have access to communal lounges, dining rooms and a garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 24 May 2021 from 9.00 am to 5.00 pm by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified including; the management of hazards and fire safety, infection prevention and control (IPC), care records and the provision of activities.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, people who visit them, relatives and staff are included in this report.

RQIA were assured that the delivery of care and service provided in Annadale was safe, effective, compassionate and that the home was well led. Patients were positive in their comments about the care, staff and the manager.

The findings of this report will provide the registered persons with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients, their relatives or visitors and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection

### **4.0 What people told us about the service**

Nine patients, one relative and three staff were spoken with. Patients said that they were well cared for in the home and the care was very good. Staff were positive about their experience of working in the home.

Staff told us that they enjoyed working in the home and many had worked there for five years or more. Staff also said the manager was supportive and they had no concerns.

Two completed questionnaires from patients were received. Both said they were very satisfied that care in Annadale was safe, effective, compassionate and that the home was well led.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 26 February 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 16 (1) <b>Stated:</b> First time	The registered person shall ensure that initial care plans are developed for newly admitted patients from day one of admission to guide staff in the immediate delivery of care. The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (1) (a) (b) <b>Stated:</b> First time	The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of care records for patients following a fall, confirmed that clinical/neurological observations and actions post fall had been carried out and recorded.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. A more robust system should be in place to ensure compliance with best practice on infection prevention and control.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Observation confirmed the infection prevention and control issues identified on inspection have been managed to minimise the risk and spread of infection and a robust audit was in place to ensure compliance with best practice in infection prevention and control.</p>	
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the safe storage of substances that are hazardous to health.</p> <p><b>Action taken as confirmed during the inspection:</b> Inspection confirmed the home was compliant with safe storage of substances that are hazardous to health.</p>	<b>Met</b>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 20 (1) (c) (i)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure a system is developed to ensure compliance with mandatory training requirements. Updates in mandatory training should be delivered in a timely manner.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of the staff training matrix confirmed that a system is in place to ensure compliance with mandatory training requirements and training is delivered in a timely manner.</p>	<b>Met</b>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the staffing rota identifies the name of the nurse in charge of the home in each shift. The duty rota should include the first name and surname of each member of staff, actual hours worked and be signed by the registered manager or a designated representative.</p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Review of the staffing rota confirmed it identified the name of the nurse in charge of the home on each shift, included the first name and surname of each member of staff, actual hours worked and was signed by the registered manager or a designated representative.</p>	
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## 5.2 Inspection findings

### 5.2.1 How does this service ensure that staffing is safe?

There was a robust system in place to ensure staff were recruited correctly to protect patients as far as possible. All staff were provided with a comprehensive induction programme to prepare them for working with the patients.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics and regular staff meetings were held. Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the patients. The nurse in charge told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, patient who wished to remain in their bedrooms did so and patients who wished to spend time in communal areas of the home were supported to do so.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner and patients appeared relaxed and comfortable.

Patients said there were always staff around and raised no concerns about staffing levels. Staff also had no concerns about staffing levels.

There were safe systems in place to ensure staff were recruited and trained properly; and that patients' needs were met by the number and skill of the staff on duty.

### **5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?**

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on a three yearly basis. Staff told us they were confident about reporting concerns about patients' safety and poor practice.

Patients and their relatives said they were aware of who to report any concerns or complaints to. Review of the home's record of complaints confirmed that these were well managed and records were maintained.

At times some patients may require a modified diet to reduce the risk of choking. Review of patient records and discussion with staff confirmed that the correct procedures were followed if a modified diet was required.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilful in communicating with patients; they were respectful, understanding and sensitive to their needs. For example; staff asked patients where they wished to spend their day and offered assistance when patients wanted to return to their own bedroom.

Patients told us they felt safe in the home and had no concerns about their care. A visitor said they would like their relative to take part in more activities. This was discussed with the nurse in charge for her review. Staff told us they had no concerns about the safety of patients in the home.

It was evident that patients in the home were safe from harm and felt safe in the home. No concerns about safety were identified.

### **5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?**

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces, the kitchen, laundry and communal areas such as lounges and bathrooms. There was evidence that the environment was well maintained.

Patients' bedrooms were personalised with items important to them. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy.

A corridor leading to a fire exit was cluttered with equipment such as wheelchairs, preventing safe access to in the event of a fire. An area for improvement was identified.

A hairdryer was stored in a bathroom, an electrics cupboard and hot press were left unlocked allowing patients to access these areas unsupervised. This was brought to the attention of the nurse in charge for immediate action and an area for improvement was identified.

There was artwork displayed on walls for patients to enjoy and family photographs were displayed in patients' own bedrooms. Music was playing in the background which added to the relaxed atmosphere.

Patients said that they thought the home was brilliant and that the staff were lovely people. Patients also said the home was tidy and clean and they felt at home.

Generally the home's environment was well managed to ensure patients were comfortable and safe. Addressing the areas for improvement identified will enhance this further.

#### **5.2.4 How does this service manage the risk of infection?**

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA) and the most up to date Department of Health (DOH) infection prevention and control (IPC) guidelines were followed.

Visiting arrangements were managed in line with DoH and IPC guidance. All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Observations evidenced a number of issues about the management of IPC. For example, social distancing in communal areas, the underside of a number of toilet roll dispensers required to be cleaned thoroughly on a regular basis and damage to an identified pipe cover required to be repaired to ensure the cover could be effectively cleaned. An area for improvement was identified.

Patients and staff told us they thought the home's environment was homely and clean, they had no concerns about cleanliness but were still aware of the need for good IPC practices because of COVID-19 requirements.

Overall the home was clean and homely. Compliance with the area for improvement identified should ensure the risk is properly managed on a daily basis.



### **5.2.5 What arrangements are in place to ensure patients receive the right care at the right time?**

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. A detailed hand over report was shared with staff during these meetings. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering and closing doors for privacy when offering personal care.

Patients who are less able to mobilise required special attention to their skin care. These patients require assistance from staff to change their position regularly. Patients who required this care or who had wounds had their care clearly record in their care records. It was good to note that nursing staff had consulted with the Tissue Viability Specialist Nurse (TVN).

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, bed rails and alert mats were used to reduce this risk. Moving and handling assessments had been completed and care plans and risk assessments were in place.

There was a system in place to ensure accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA. There was evidence of appropriate onward referral to patients' GP, or the out of hours GP when required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients were supported and encouraged with meals where this was required.

The dining experience was an opportunity of patients to socialise. Music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were assisted with their meals were required and meals were served in a timely manner. There was a choice of meals offered, the food was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available. Lunch was a pleasant and unhurried experience for the patients.

The daily menu was not displayed in the dining room. This was discussed with the person in charge who agreed to put the menu in place.

Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to make sure mistakes about modified food and fluids were not made.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients said they were well looked after and during the lunch meal they described the meal as delicious and warm. Modified diets provided were attractively presented and appealing.

It was established that arrangements were in place to ensure that patients received the right care at the right time.

### **5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?**

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Review of care records identified deficits in how wound care was managed. For example, wound dressings were not always completed in the time frame recommended by the TVN and the type of pressure relieving mattress in place was recorded incorrectly in the care records. Details were discussed with the nurse in charge and an area for improvement was identified.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

The updating and regular review of care records will ensure that these reflect the changing needs of the patients.

### **5.2.7 How does the service support patients to have meaning and purpose to their day?**

Discussion with patients confirmed they had a choice in how they spent their day. For example, patients could have a lie in, make use of the lounge areas or stay in their own bedrooms if they desired. Patients could choose if they wanted to watch the TV, listen to music or join in with any activities provided in the home.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options and where and how they wished to spend their time.

There were no regular activities provided for patients in either a group and one to one basis. Patient's relatives said they were keen that their family members were offered one to one activities where this was preferred. This was discussed with the nurse in charge and an area for improvement was identified.

Staff maintained good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

While patients were afforded choices addressing the area for improvement made about activities will further enhance patient choice and how they prefer to spend their day.

### **5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?**

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There has been no change in the management of the home since the last inspection. Ms Winnie Mashumba has been the manager in this home since 21 October 2008.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or members of the team completed regular audits of wound care, care records, IPC and falls.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. Patients and their relatives said that they knew who to approach if they had a complaint.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance. Staff said the manager worked hard to make sure the patients got the best care.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by the responsible individual who spoke with patients, their relatives and staff and examined all areas of the running of the home. The reports of these visits were completed in detail and where action plans for improvement were put in place; these were followed up on the next visit to ensure that the actions were correctly addressed. These reports were available on request for patients, their representatives, the Trust and RQIA.

It was evident that the home was well led and that the care was safe, effective and compassionate. Addressing the areas for improvement identified will ensure the overall quality of care and lived experience of the patients is improved.

## **6.0 Conclusion**

Patients told us they felt safe in the home and were well looked after. Staff told us they were supported by the management team. The home was well decorated, suitably furnished, clean and tidy.

Five areas for improvement were identified.

Based on the inspection findings RQIA were satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the nurse in charge acknowledged the need to address the areas for improvement.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Oana Ciser, nursing sister, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (4) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection	The Registered Person shall ensure corridors are free from obstacles to provide adequate means of escape in the event of a fire.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> The wheelchair store has been rearranged to keep the corridor clear. Wheelchairs for the residents who have bedrooms downstairs are now being kept in their rooms so that there is enough room to store wheelchairs without blocking the fire exit.
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection	The Registered Person shall ensure that all parts of the home to which patients have access to are free from hazards to their safety. This relates specifically to a hairdryer stored in a bathroom, an electrics cupboard and hot press were left unlocked.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> Hairdryer is being kept in the storeroom and only brought in for the duration of the hairdressing session. Notices to keep hot press and electrics cupboard placed on the doors.
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 13 (7)	The Registered Person shall make suitable arrangements to minimise the risk and spread of infection by addressing the areas for improvement identified:

<p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<ul style="list-style-type: none"> <li>• social distancing in communal areas</li> <li>• regular cleaning of the underside of a number of toilet roll dispensers</li> <li>• repair to damage to an identified pipe cover</li> </ul> <p>Ref: 5.2.4</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>The Registered Person shall ensure that care plans in relation to wound care and the use of pressure relieving devices are up to date and regularly reviewed.</p> <p>Ref: 5.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> Specific information on pressure relieving equipment used by the identified resident was updated in the care plan and the wound is being dressed as per TVN's recommendation. This being kept under review through the auditing process.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>The Registered Person shall review the provision of activities to ensure a regular meaningful programme of activities is provided. Consideration should be given to consulting with patients about their activity preferences as part of this review</p> <p>Ref: 5.2.7</p> <p><b>Response by registered person detailing the actions taken:</b> The Covid pandemic had an huge impact on our activities plan as facilitating contact and visiting for families became our priority. This remains a challenge until the Pandemic is declared over. The Activities Co-ordinator has completed a thorough review and revamping of the Activities plan by speaking with the residents and family members where the resident is unable to communicate to find out their interests and what they would like included in their activities plan.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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